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FORM PTO-1083

356409.00100

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
 SUDRE, Olivier, et al.  
 Serial No: 10/057,184  
 Filed: January 23, 2002  
 For: MONZANITE-BASED THERMAL BARRIER COATINGS



Art Unit: 1775  
 Examiner: Jennifer McNeil

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria VA 22313-1450, on  
 June 16, 2004

Date of Deposit  
 Heather B. Centurioni

Name *[Signature]* 06/16/04  
 Signature Date

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.  
 A certified copy of \_\_\_\_\_ Patent Application No. \_\_\_\_\_ filed \_\_\_\_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.  
 A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.  
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	38	43	0	LG=\$18 SM=\$9	\$9	\$ 0
INDEPENDENT CLAIMS FEE	3	3	0	LG=\$84 SM=\$42	\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
					TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$\_\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**  
 A check in the amount of \$\_\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**  
 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-2567, referencing docket number 356409.00100. **A copy of this sheet is enclosed.**  
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 REED SMITH LLP

By: *Stefan J. Kirchanski*  
 Stefan J. Kirchanski  
 Registration No. 36,568  
 Attorney for Applicant(s)

Date: June 16, 2004

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PATENT  
Docket No. 356409.00100  
(Former Docket No. 26409.00100)

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16 June 2004

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Heather Centurioni  
Name *[Signature]*

AMENDMENT AFTER FINAL REJECTION(Revised Format)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated 16 March 2004 please amend  
the above-identified application as follows (note, these amendments are made  
solely to place the case into condition for allowance :

Amendments to the Claims begin on page 2 of this paper

Remarks begin on page 9 of this paper.